P16000094769

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	¥)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

3,

NAME OF CORPOR	ATION: ARISE EXPRESS	INC.	
DOCUMENT NUMB	BER: P16000094769		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS F. JACOBO		
		Name of Contact Person	1
	JACOBO & ASSOCIATES INC		
		Firm/ Company	···
	6220 WEST 21ST COURT		
		Address	
	HIALEAH, FL 33016		
		City/ State and Zip Code	e
INFO	@ЈАСОВОТАХ.СОМ		
		sed for future annual report	notification)
	is man address. (to be de	za wa mana amana report	,
For further information	concerning this matter, pleas	se call:	
LUIS F. JACOBO		305	556-0044
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indigent Section Ission of Corporations Issox 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

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Articles of Amendment to Articles of Incorporation of

ARISE EXPRESS INC		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P16000094769		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation	<u>:</u>	
	Thenew	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oward "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	7640 WEST 29TH WAY	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APT #101	
	HIALEAH, FL 33018	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7640 WEST 29TH WAY	
	APT #101	
	HIALEAH, FL 33018	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		
Name of New Registered Agent ANABEL MENDEZ		
7640 WEST 29TH W	AY APT # 101	
(Floride	a street address)	
New Registered Office Address: HAILEAH	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili Signature of Ne	iar with and accept the obligations of the position	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Jol	h <u>n Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	EMILIO LARA	6090 W 18TH AVE
Add			APT # 334
X Remove			HIALEAH, FL 33012
2) Change	P	ANABELLE MENDEZ	7640 W 29TH WAY
X Add			APT # 101
Remove			HIALEAH, FL 33018
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	<u>(s) nere</u> :		
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<u></u>				
				-
<u> </u>		 _		<u> </u>
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f an amendment provides for an excl provisions for implementing the ame	nange, reclassificat	tion, or cancellatio	n of issued shares,	
(if not applicable, indicate N/A)	<u>nament ii not con</u>	lamed in the amen	gme <u>nt usen.</u>	
		,-		
1,2,2				

	09/20/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1,000,000	
US Effective date <u>if applicable</u> :	0/20/2017	
<u></u>	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiren Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The followr each voting group entitled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action ar	nd shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sh	areholder
	0/11/2017	
Signature		
	gueror, president or other officer - if directors or officers ha	ave not been
	ted, by an incorporator - if in the hands of a receiver, trustee,	
appo	inted fiduciary by that fiduciary)	
	EMILIO LARA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	